ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.

Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845	ARTICLES OF OR DOMESTIC LIMITED LIA Please Type or Print Of Please submit one Original of FILING FEE: \$150 payable	BILITY COMPANY Clearly in Ink and one Photocopy		
	Aı	rticle I		
The name of the compa	ny is			
The name must contain line and company may be abb	mited liability company, limited company or reviated as Co.	the abbreviation L.L.C., LLC, L.C. o	or LC. Limited may be	abbreviated as Ltd.
	Ar	ticle II		
The duration of the com	pany if other than perpetual is			
	Ar	ticle III		
The address of the initial business.	al designated office in or out of the	State of South Dakota where	e the company cor	nducts its
Street Address		City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4
	Ar	ticle IV		
The South Dakota Regi	stered Agent name			
Street Address or Rural R	oute Number in This State and	City	State	ZIP+4
Mailing Address in This S	tate, if Different from Street Address	City	State	ZIP+4

Article V

The name and address of each organizer

Manager

Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
	Article V	/ I		
heck one:				
☐ The compar	ny will be member managed.			
☐ The compar	ny will be manager managed.			
this company is to be man	ager managed, please state the name	and address of each initia	ıl manager.	
	Street Address	City	State	ZIP+4
Manager				

Article VII

City

State

ZIP+4

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

Street Address

Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.				
The Articles of Organization must be executed by the organize	rs.			
Dated	(Signature of an organizer)			
By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for	(Printed Name)			
up to \$40 will be assessed for returned payments.	(Title)			
Dated	(Signature of an organizer)			
	(Printed Name)			
	(Title)			
Dated	(Signature of an organizer)			
	(Printed Name)			
	(Title)			
Dated	(Signature of an organizer)			
	(Printed Name)			
	(Title)			